|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please email | | | | | | | | | | | | | | | | | | | | | | | |
| [headspacedarwin@anglicare-nt.org.au](mailto:headspacedarwin@anglicare-nt.org.au) or fax 08 8931 5995 (fax) or you can call us at headspace Darwin on 08 8931 5999 | | | | | | | | | | | | | | | | | | | | | | | |
| [headspacePalmerston@anglicare-nt.org.au](mailto:headspacePalmerston@anglicare-nt.org.au) or fax 08 8931 5995 (fax) or you can call us at headspace Palmerston on 08 8931 5900 | | | | | | | | | | | | | | | | | | | | | | | |
| Date of referral | | |  | | | | | | | | | | | | | | | | | | | | |
| Preferred location | | | headspace Darwin | | | | | | | | |  | headspace Palmerston | | | | | | | | |  | |
| What we do | | | | | | | | | | | | | | | | | | | | | | | |
| We support young people aged 12-25 and families to be actively involved in understand appropriate support and care options in our community and making choices that are right for now.  headspace Darwin and Palmerston facilitate several services and holistic supports which includes:  Providing advice, support and linking to appropriate care options  Responsive First Step (single session) support  Targeted interventions & support for young people with mild to moderate mental health concerns  Short Term Therapy support – for young people with GP referrals via Medicare and/or Short-Term Therapies  Specialist recovery orientated early intervention for psychosis  Flexible therapeutic care coordination for young people with complex and/or emerging mental health concerns.’  For children, adolescents and families with significant mental health concerns, including diagnostic assessment and treatment, please contact the Child and Adolescent Mental health team on 8999 4959 or contact NT Mental Health Line 1800 682 288 for 24hr emergency help for people in crises, including parents/carers. | | | | | | | | | | | | | | | | | | | | | | | |
| Personal details (for the young person) | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | Date of birth | | |  | | | | | | Gender | |  | | |
| Do you identify as: | | | Aboriginal | | |  | | Torres Strait Islander: | | | | |  | | | Both | | |  | Neither | | |  |
| Cultural identity: | | |  | | | | | | | | | | | | | | | | | | | | |
| Preferred language (if not english): | | |  | | | | | Interpreter required | | | | | | yes | | | |  | no | | |  | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | |
| Best contact Number | | |  | | | | | | | | | | | | | | | | | | | | |
| Is there a family member/support who will be involved with appointments? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative/Emergency contact person | | | |  | | | | | | | Contact Details | | | | | |  | | | | | | |
| Referrer details (person completing form) | | | | | | | | | | | | | | | | | | | | | | | |
| Self-referral: | | | yes | | | |  | | | | no | | | | |  | | | | | | | |
| Contact name | |  | | | | | | | | | | | | | | | | | | | | | |
| Position/relationship | |  | | | | | | | | | Organisation (if applicable): | | | | | | | |  | | | | |
| Best Contact Number | |  | | | email | | | | | |  | | | | | | | | | | | | |
| young person consenting to referral (headspace is a voluntary service) | | | | | | | | | | |  | | | | | | | | | | | | |
| Brief information about main reasons for referral and current goals for change | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| headspace service of interest | | | | | | | | | | | | | | | | | | | | | | | |
|  | Welcome support (information about headspace faciliated by our peer workers) | | | | | | | | | | | | | |  | Mental Health Support | | | | | | | |
|  | Aboriginal Social and Emotional Wellbeing Support | | | | | | | | | | | | | |  | Alcohol or Other Drug Counselling | | | | | | | |
|  | Work and Study Support | | | | | | | | | | | | | |  | Attend a Group | | | | | | | |
|  | Sexual Health Clinic | | | | | | | | | | | | | |  | Early Psychosis Screening \* | | | | | | | |
|  | GP Clinic | | | | | | | | | | | | | |  | Peer worker support | | | | | | | |
| \*If you are a health professional please send through details from the early psychosis checklist | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Concerns, vulnerabilities | | | | | | | | | | Strengths, resources & protective factors | | | | | | | | | | | | | |
| Eg | | | | | | | | | | Supportive family, safety plan developed, coping strategies | | | | | | | | | | | | | |
| Delibrate self-harm | | | | | | | | |  |
| Suicidal thoughts/behaviours | | | | | | | | |  |
| Harm to others | | | | | | | | |  |
| Domestic violence exposure | | | | | | | | |  |
| Eating concerns | | | | | | | | |  |
| Trauma experience | | | | | | | | |  |
| Hallucinations  (unexplained auditory, visual or other sensory perceptions) | | | | | | | | |  |
| Delusions or odd beliefs | | | | | | | | |  |
| Difficulty with day to day activities (functional decline) | | | | | | | | |  |
| Drug and alcohol use | | | | | | | | |  |
| Other relevent information:  e.g. Territory Families support, Youth Justice, Mental Health Act | | | | | | | | | | \*for young people expereiencing suicide ideation/at risk of suicide NT Suicide Prevention short term therapy may be more appropriate please contact Connect to Wellbeing 1800 844 054/ NT. ConnectToWellbeing@neaminational.org.au | | | | | | | | | | | | | |
|  | | | | | | | | | |
| What next | | | | | | | | | | | | | | | | | | | | | | | |
| headspace Darwin will review new referrals daily and will be in contact within 3 working days to discuss next steps following review of this referral. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |